

1. XX Fee Transmittal Form (submitted in duplicate)
2. XX Applicant Claims Small Entity Status
3. XX Specification: Total Pages: 34
4. XX Drawing(s)(35 U.S.C. 113): Total Sheets: 26
5.      Oath or Declaration: Total pages:         
  - a.      Newly executed (original or copy)
  - b.      Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
    - i.      Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.      Application Data Sheet. 37 CFR 1.76
7.      CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8.      Assignment papers (cover sheet & document(s))
9.      CFR 3.73(b) Statement (when there is an assignee)  
         Power of Attorney
10.      English Translation Document (if applicable)
11.      Information Disclosure Statement. (IDS)/PTO-1449.  
         Copies of IDS citations
12.      Preliminary Amendment
13. XX Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)
14.      Certified Copy of Priority Document(s) (if foreign priority is claimed.)
15.      Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.
16.      Credit Card Authorization for Payment

\_\_\_\_ Continuation    \_\_\_\_ Divisional    \_\_\_\_ Continuation-in-part    of prior application No. \_\_\_\_  
 Prior application Information: Examiner \_\_\_\_\_ Group/Art Unit \_\_\_\_\_

**William N. Hulse III**  
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Date \_\_\_\_\_

17548 U.S. PTO

10/676544



16136 U.S. PTO  
10/01/03

EL 978212047 US

<b><u>FEE TRANSMITTAL</u></b> (Submit in Duplicate)	<u>Application Title:</u>	Toilet Tank Fill Valve and Method of Operation
	<u>First Named Inventor:</u>	William Shaw
<u>Total Amount of Payment:</u>	\$434.00	<u>Attorney Docket No:</u> H20G001US0

**METHOD OF PAYMENT**

1. *Deposit Account Authorization*

- a. **XXX** The Commissioner is hereby authorized to charge the filing fee and any deficiencies and credit any overpayments to:
- i. Deposit Account Number: **50-2726**
  - ii. Deposit Account Name: **Hulsey & Calkins, LLP**
- b. **XXX** The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. **XXX** Applicant Claims Small Entity Status.

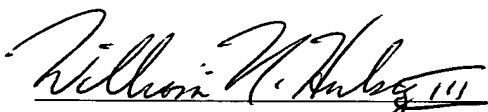
2. *Payment Enclosed*

- a. **XXX** Check
- b. ☐ Credit Card
- c. ☐ Money Order
- d. ☐ Other

**FEE CALCULATION**

Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$385	0 x \$ 42 = 0.00	1 x \$ 9 = 9.00	0 x \$140 = 0.00	\$394
Other	\$750	_____ x \$84 = _____	_____ x \$18 = _____	_____ x \$280 = _____	

**XXX** Total Filing Fee: \$394 \_\_\_\_\_  
\_\_\_\_ Assignment Recording Fee \$40 \_\_\_\_\_  
\_\_\_\_ Other Fee Payment \$ \_\_\_\_\_

  
William N. Hulsey III, Reg. No. 33,402